

January 30, 2014

Chief, Environmental Enforcement Section U.S. Department of Justice Box 7611 Ben Franklin Station Washington, D.C. 20044-7611

Chief, Compliance Section Water Compliance Branch U.S. Environmental Protection Agency Region 2 290 Broadway, 20th Floor New York, New York 10007-1866

US v. ESSROC San Juan Inc. Re: DOJ No. 90-5-2-1-08412

To whom it may concern:

Control survived in social 2013 This document constitutes the quarterly report required in the Consent Decree (CD) of May 4, 2010 in the matter of reference. Listed below is the progress report covering the oct - dic 13 activities completed from July 1, 2013 and of through September 30, 2013.

- 1. Section III Lagoon Enhancement System Installation and Operation
 - a. Attachment I Routine Inspections (Monthly)
 - b. Lagoon Enhancement Maintenance performed in June 2013
 - i. Excessive vegetation and debris, such as leaves, accumulated in each gabion were removed.
 - ii. Solids accumulated in the gabion box that is located around the drainage valve from pond #1 were removed.

- 2. Section IV Coliform and Other Clean Water Act Effluent Controls
 - a. Name of the firm used to transport and dispose of sanitary wastewater:
 - i. Limpieza de Pozos Gonzalez
 - b. Name of the wastewater treatment plant at which the facility's sanitary wastewater is delivered for treatment:
 - i. Puerto Rico Aqueduct and Sewer Authority-Barceloneta Regional Treatment Plant
 - c. Approximately Amount in gallons of the sanitary wastewater removed from the facility during the reporting period was aproximately:
 - i. 45,000
 - 3. Section V Storm Water Permit Monitoring (MSGP)
 - a. Reports Required by the MSGP 2008 are contained in:
 - i. Attachment II: Routine Inspections (Monthly)
 - ii. Attachment III: Visual Monitoring (Monthly)
 - iii. Attachment IV: Benchmark Monitoring (Monthly)
 - 4. Discharge Monitoring Reporting
 - a. Attachment VI: Discharge Monitoring Reports

According to analytical data obtained during the quarter, exceedances of surfactants, color, total coliforms and fecal coliforms at the Outfall 001 occurred only intermittently. There is a correlation between these results to precipitation events which affect the water levels at the sedimentation ponds system due to the amount of stormwater discharging into the sedimentation pond #1 from different sources.

We take the opportunity in this quarterly report to submit a comprehensive study recently conducted by Sanco Laboratories, Inc. (Sanco), on behalf of Essroc San Juan, to determine the source(s) of certain exceedances that have been sporadically experienced at Outfall 001 of some of the NPDES permit limits. These exceedances have been the cause for not closing the Consent Decree under which Essroc has been operating for some time now.

The Sanco report, copy of which is attached, describes the various sampling activities, dye tests and visual inspections that were conducted in order to study the potential sources of the exceedances and the community contributions. The report clearly reveals that waste water discharges originating from an adjacent residential community northeast of Outfall 001 significantly contribute and constitute the principal source of the following parameters: surfactants, color, total coliforms and fecal coliforms. Such community waste waters also contribute to sulfate concentrations found at Outfall 001.

This comprehensive study confirmed Essroc suspicion that these sporadic exceedances are attributed to the adjacent wastewater impacts from neighboring residences that discharge their kitchen sink, washing machine effluents and septic tank overflows into a surface waterway that impacts Essroc's outfall 0001.

For years now both EPA and EQB had been fully aware of the adjacent community's significant contribution to certain permit exceedances totally unrelated to Essroc's operations or controls. The structural controls (earthen berms surrounding the storage piles and covers), the overall stormwater conveyance system that was enhanced by Essroc, together with periodic inspections and maintenance, continually functions properly and efficiently to control the permit parameters in full compliance with the permit limits. The Sanco Report also serves to empirically demonstrate that the minor excursions that have been experienced at Outfall 001 are unrelated to Essroc's operations, but attributed to the wastewaters originating from the adjacent community over which Essroc has not control. In consideration of all the above, Essroc respectfully reiterates its request for the closure of the Consent Decree. After much more than one year of continued demonstrated observance and conformity with the Consent Decree's terms and conditions, Essroc has successfully met the conditions for the definite closure of the Consent Decree.

In addition, please be informed that during this quarter samples to identify sulfate source had been performed. Result from inlet pond #2 show no high sulfate contribution, result from pond #2 inlet show also no sulfate contribution coming from ESSROC operation. High Sulfate results were found in some points on pond #2 show. Subsequent monitoring events, for potential sulfate contribution will be further assessed and reported as soon as received.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Cordially,

Jose Uriol
General Manager an



Lagoon Enhancement - Routine Inspection Report
General Information

ESSROC SAN JUAN - ITALCEMENTI GROUP

Facility Name

NPD	ES Tracking No.					
Date	of Inspection	10/2/13	Start/End	Time	10:00 Am	
Insp	ector's Name(s)	BEATRIZ RIVER.	A			
Insp	ector's Title(s)	ENVIRONMENTA	AL ENGINEER			
	ector's Contact Information	BEATRIZ.RIVER	A@ESSROC.COM			
	ector's Qualifications	EIT				
		Wea	ther Information			0.09in
Wea	ather at time of this inspection			Other:		
Tem	nnerature:					
Hav	e any previously unidentified	discharges of pollut	ants occurred since	the last	inspection? UYes	□No
If yo	es, describe:					
Are	there any discharges occurrings, describe based on the info	ng at the time of inspression below:	pection? Pes [■No		
STATE OF THE STATE OF	or None Other (describe					
Odo	r None Musty S	ewage Sulfur	Sour Petroleu	m/Gas _		-
		ther (describe):	Opaque Other (de	occribo).		
	rity Clear Slightly Cloud	y Cloudy describe):	Opaque Other (de	2301100).		
1		(describe):				
Foa	7 5	(describe):				
	Sheen None Flecks	Globs Sheen	Slick Other (de	escribe):	***************************************	
	er Indicators of Stormwater Pollution		describe):			
	Control Measures					
	 Number the structural store 	mwater control.				
	Describe corrective action.	s initiated, date comp	leted, and note the p	erson the	at completed the work	in the Corrective
	Action Log.					
		Control Measure	If No, In Need of Maintenance,	Correc	tive Action Needed a	nd Notes
	Structural Control Measure	is Operating	Repair, or	(identif	y needed maintenance ontrol measures that r	and repairs, or any
	Wieasure	Effectively?	Replacement?	failed c	ontrol measures that i	
	Ponds #1 Discharge point		☐ Maintenance			
1	to Channel	□Yes □No	☐ Repair ☐ Replacement			
			☐ Maintenance			
2	Channel structure	☑Yes □No	☐ Repair			
	(Stabilization)		☐ Replacement			
3	Gabions					
			TDM:			
	6.1	DVac DNa	☐ Maintenance			
	G-1	ØYes □No	☐ Repair			
	G-1					
	G-1	✓Yes □No	Repair Replacement Maintenance Repair			
			Repair Replacement Maintenance Repair Replacement			
	G-2	ØYes □No	Repair Replacement Maintenance Repair Replacement Maintenance			
			Repair Replacement Maintenance Repair Replacement			
	G-2	ØYes □No	Repair Replacement Maintenance Repair Replacement Maintenance Repair Repair Replacement Repair Replacement Maintenance			
	G-2	ØYes □No	Repair Replacement Maintenance Repair Replacement Maintenance Repair Repair Replacement Repair Replacement Replacement Replacement			
	G-2 G-3	ØYes □No	Repair Replacement Maintenance Repair Replacement Maintenance Repair Repair Replacement Repair Replacement Replacement Repair Replacement Repair			
	G-2 G-3 G-4	Yes No	Repair Replacement Maintenance Repair Replacement Maintenance Repair Replacement Repair Replacement Replacement Maintenance Repair Replacement Maintenance Repair Replacement			
	G-2 G-3	ØYes □No	Repair Replacement Maintenance Repair Replacement Maintenance Repair Repair Replacement Repair Replacement Replacement Repair Replacement Repair			

	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Corrective Action Needed and Notes (identify needed maintenance and repairs, or any failed control measures that need replacement)
	G-6	ZYes □No	☐ Maintenance☐ Repair☐ Replacement	
	G-7	ØYes □No	☐ Maintenance ☐ Repair ☐ Replacement	
	G-8	✓Yes □No	☐ Maintenance☐ Repair☐ Replacement	
	G-9	ØYes □No	☐ Maintenance ☐ Repair ☐ Replacement	
	G-10	√Yes □No	☐ Maintenance ☐ Repair ☐ Replacement	
	G-11	✓Yes □No	☐ Maintenance☐ Repair☐ Replacement	
	G-12	ØYes □No	☐ Maintenance ☐ Repair ☐ Replacement	repair to rocks wall was performed
	G-13	Pres □No	☐ Maintenance ☐ Repair ☐ Replacement	' ()
	G-14	✓Yes □No	☐ Maintenance ☐ Repair ☐ Replacement	((
			Non-Compliance	
יע	escribe any incidents of non-co	omphanos observed a		
			Notes	
U	se this space for any additiona	l notes or observation		1:

CERTIFICATION STATEMENT

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Page 2 of 2

violations.	
Print name and title:	BEATRIZ RIVERA / ENVIRONMENTAL ENGINEER
Signature:	10/2/3

Revision: May 14, 2013

Lagoon Enhancement - Routine Inspection Report **General Information**

Faci	ility Name	ESSROC SAN JUAN – ITALCEMENTI GROUP				
NPD	DES Tracking No.					
Date	e of Inspection	11/18/13	Start/End	Time	11:15	
Insp	pector's Name(s)	BEATRIZ RIVER	A			
Insp	pector's Title(s)	ENVIRONMENTA	AL ENGINEER			
Insp	pector's Contact Information	BEATRIZ.RIVER	A@ESSROC.COM			
Insp	pector's Qualifications	EIT				
		Wea	ther Information		0.05 in	
☐ C	ather at time of this inspection Clear Cloudy	☐ Sleet ☐ Fog	<i>y</i>	Other:	inspection? □Yes □No	
If y	es, describe:					
If y	e there any discharges occurringes, describe based on the infor	mation below:	pection? □Yes	□No		
	or None Other (describe		Sour Petroleu	ım/Gas		
Odo		ewage	_ Sour Petrolet	IIII/Gas		
Clar	rity Clear Slightly Cloud		Opaque Other (d	escribe):		
		describe):				
		describe):				
Foa		(describe):	College Cothor (d	oporibo):		
	Sheen None Flecks	Globs Sheen No Yes (Slick Other (ddescribe):	escribe):		
L.	ner Indicators of Stormwater Pollutic	II 140 165 (uescribe).			
	• Number the structural stori	nwater control.				
	• Describe corrective actions Action Log.	initiated, date comp	leted, and note the p	erson tha	at completed the work in the Corrective	
	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	(identify	tive Action Needed and Notes y needed maintenance and repairs, or any ontrol measures that need replacement)	
1	Ponds #1 Discharge point to Channel	ØYes □No	☐ Maintenance ☐ Repair ☐ Replacement			
2	Channel structure					
3	(Stabilization)	□Yes □No	☐ Maintenance ☐ Repair ☐ Replacement			
3		ΔYes □No	☐ Repair ☐ Replacement			
3	(Stabilization)	□Yes □No	□ Repair □ Replacement □ Maintenance □ Repair □ Replacement			
3	(Stabilization) Gabions		Repair Replacement Maintenance Repair			
	(Stabilization) Gabions G-1	⊠Yes □No	Repair Replacement Maintenance Repair Replacement Maintenance Repair Replacement Repair Replacement Replacement Repair Replacement Repair Repair			
	(Stabilization) Gabions G-1 G-2	☐Yes □No ☐Yes □No	Repair Replacement Maintenance Repair Replacement Maintenance Repair Replacement Replacement Replacement Maintenance Repair Replacement Repair Replacement Repair Replacement Repair			
	(Stabilization) Gabions G-1 G-2 G-3	✓Yes □No ✓Yes □No ✓Yes □No	Repair Replacement Maintenance Repair Replacement Maintenance Repair Replacement Replacement Replacement Replacement Maintenance Repair Replacement Maintenance Repair			

Revision: May 14, 2013

	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Corrective Action Needed and Notes (identify needed maintenance and repairs, or any failed control measures that need replacement)			
	G-6	ØYes □No	☐ Maintenance ☐ Repair ☐ Replacement				
	G-7	✓Yes □No	☐ Maintenance ☐ Repair ☐ Replacement				
	G-8	ØYes □No	☐ Maintenance☐ Repair☐ Replacement				
	G-9	⊿Yes □No	☐ Maintenance ☐ Repair ☐ Replacement				
	G-10	Yes ONo	☐ Maintenance ☐ Repair ☐ Replacement				
	G-11	dYes □No	☐ Maintenance ☐ Repair ☐ Replacement				
	G-12	✓Yes □No	☐ Maintenance ☐ Repair ☐ Replacement				
	G-13	ÁYes □No	☐ Maintenance ☐ Repair ☐ Replacement				
	G-14	⊿Yes □No	☐ Maintenance☐ Repair☐ Replacement				
-			Non-Compliance				
D	Describe any incidents of non-compliance observed and not described above:						
			Notes				
U	se this space for any additional	notes or observations					

CERTIFICATION STATEMENT

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Print name and title:	BEATRIZ RIVERA / ENVIRONMENTAL ENGINEER					
Signature:	Brake R	11/18/13				

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Lagoon Enhancement - Routine Inspection Report

General Information

Fac	ility Name	ESSROC SAN JUAN - ITALCEMENTI GROUP				
NPI	DES Tracking No.					
Dat	e of Inspection	12/3/13	Start/End	Time	11:30	
Insp	pector's Name(s)	BEATRIZ RIVER	A			
Insi	pector's Title(s)	ENVIRONMENT	AL ENGINEER			
constant.	pector's Contact Information	BEATRIZ.RIVER	A@ESSROC.COM			
	pector's Qualifications	EIT				
	,	Wes	ather Information			
Ten	ather at time of this inspection Clear Cloudy Rain nperature: we any previously unidentified es, describe:	? Sleet	☐ High Winds 〔			
If y	e there any discharges occurring tes, describe based on the information of None Other (describe or None Musty S	mation below:	pection? □Yes □ Sour □ Petroleu	⊒No m/Gas		
Cla	Solvents O rity Clear Slightly Cloud ating Solids No Yes (ther (describe):	Opaque Other (d			
Foa	m No Yes ((describe):				
	Sheen None Flecks	Globs Sheen	Slick Other (d	escribe):		
	er Indicators of Stormwater Pollutio	n 🗌 No 🗌 Yes (describe):			
	Control Measures					
	 Number the structural storm 					
		initiated, date comp	leted, and note the p	erson th	at completed the work in the Corrective	
	Action Log. Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	(identif	etive Action Needed and Notes Ty needed maintenance and repairs, or any control measures that need replacement)	
1	Ponds #1 Discharge point to Channel	∠⊠Yes □No	☐ Maintenance ☐ Repair ☐ Replacement			
2	Channel structure (Stabilization)	ÆYes □No	☐ Maintenance ☐ Repair ☐ Replacement			
3	Gabions		1			
	G-1	QYes □No	☐ Maintenance ☐ Repair ☐ Replacement			
	G-2	úYes □No	☐ Maintenance ☐ Repair ☐ Replacement			
	G-3	□Yes □No	☐ Maintenance ☐ Repair ☐ Replacement			
	G-4	☑Ŷes □No	☐ Maintenance☐ Repair☐ Replacement			
	G-5	dYes □No	☐ Maintenance ☐ Repair ☐ Replacement			
	Revision: May 14, 2013		Page 1 of 2			

	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Corrective Action Needed and Notes (identify needed maintenance and repairs, or any failed control measures that need replacement)			
	G-6	ÆYes □No	☐ Maintenance ☐ Repair ☐ Replacement				
	G-7	Yes ONo	☐ Maintenance ☐ Repair ☐ Replacement				
	G-8	Yes ONo	☐ Maintenance☐ Repair☐ Replacement				
	G-9	Yes ONo	☐ Maintenance☐ Repair☐ Replacement				
	G-10	✓Yes □No	☐ Maintenance☐ Repair☐ Replacement				
	G-11	Yes UNo	☐ Maintenance☐ Repair☐ Replacement				
	G-12	ZYes □No	☐ Maintenance ☐ Repair ☐ Replacement				
	G-13	Yes 🗆 No	☐ Maintenance☐ Repair☐ Replacement				
	G-14	Yes □No	☐ Maintenance☐ Repair☐ Replacement				
,			Non-Compliance				
De	Describe any incidents of non-compliance observed and not described above:						
			Notes				
Us	Use this space for any additional notes or observations from the inspection: Cleaning of all gabions were performed. Debris and haves were removed						

CERTIFICATION STATEMENT

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Print name and title: BEATRIZ RIVERA / ENVIRONMENTAL ENGINEER

Signature: ____
Revision: May 14, 2013

Page 2 of 2



Stormwater Industrial Routine Facility Inspection Report							
General Information							
Fac	ility Name	ESSROC SAN JU	JAN – ITALCEMEN	ITI GROUP			
	DES Tracking No.	PRR05B189					
-	e of Inspection	10/2/13	Start/En	d Time	9:30	/	10:00A4
Ins	pector's Name(s)	Pratriz 1	linera				
Ins	pector's Title(s)	Environne	linesa ntal Engineer	/			
	pector's Contact						
Infe	ormation						
Ins	pector's Qualifications						
		Wea	ther Information				
	eather at time of this inspo Clear		High Winds □ Otl	her:			
Ha	ve any previously unident No Yes If yes, deso		of pollutants occu	ırred since	the last insp	ectio	on?
2001	e there any discharges occ es, describe:	urring at the tim	e of inspection?	No	Yes		
•	 Number the structural store (add as many control meas your inspections. This list w Describe corrective actions Action Log. 	ures as are impleme vill ensure that you a	nted on-site). Carry a are inspecting all requ	copy of the n ired control m	umbered site r neasures at you	nap w ur faci	rith you during lity.
	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	(identify ne		nce a	Notes nd repairs, or any ed replacement)
Qua	rry Area No. 6						
1	Rock Berm a	Yes No	Maintenance Repair Replacement				
2	Rock Berm b	Yes No	Maintenance Repair Replacement				
3	Detention Pond L1	Yes No	Maintenance Repair Replacement				
4	Outfall DP 001	Yes No	Maintenance Repair Replacement				

	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	(identify ne	Action Needed and Notes eeded maintenance and repairs, or any rol measures that need replacement)
) Quar	ry Area No. 5				
5	Rock Berm c	Yes No	Maintenance Repair Replacemen	t	
ō	Rock Berm d	Yes No	Maintenance Repair Replacemen	t	
7	Rock Berm e	Yes No	Maintenanc Repair Replacemen		
8	Rock Berm f	Yes No	Maintenand Repair Replacemer		
9	Rock Berm g	Yes No	Maintenand Repair Replacemen		
10	Detention Pond L2	Yes No	Maintenand Repair Replaceme		
11	Detention Pond L3	Yes No	Maintenan Repair Replaceme		
12	Detention Pond L4	Yes No	Maintenan Repair Replaceme		
13	Outfall DP 002	Yes No	Maintenar Repair Replaceme		
	Areas of Industrial Materia Below are some general are	Is or Activities expo	sed to stormwater sessed during routi	ne inspections	
	Area/Activity	Inspected?	Controls (approp effective operatir	e, and	Corrective Action Needed and Notes
1	Crusher area	Yes No	□ N/A □ Ye	s No	
2	Dredging disposal area	Yes No	□ N/A ✓ Ye	s No	

	Area/Activity	Inspected?	Controls Adequate (appropriate, effective, and	Corrective Action Needed and Notes
			operating)?	
5	Equipment operations	Yes No N/A	Yes No	
			Compliance	
Des	cribe any incidents of non-c	ompliance observed and not	described above:	
Des	cribe any additional control	measures needed to comply	Control Measures with the permit requirem	nents:
		, , , , , , , , , , , , , , , , , , ,	, and permit requires.	
L				
			Notes	
Use	this space for any additiona	al notes or observations fron	n the inspection:	
		CEDTIFICAT	ION STATEMENT	
	"I certify under penalty of law th	at this document and all attachme	nts were prepared under my dir	rection or supervision in accordance with a
	person or persons who manage to the best of my knowledge ar	the system, or those persons direct	ly responsible for gathering the plete. I am aware that there are	on submitted. Based on my inquiry of the information, the information submitted is, e significant penalties for submitting false
	Print name and titl	e: Beatriz Rive	15	
	Signature:	Zeif e		ite: 10/2/13

Stormwater Industrial Routine Facility Inspection Report ESSROC SAN JUAN – ITALCEMENTI GROUP 11:50 **Facility Name** PRR05B189 11:20 Start/End Time NPDES Tracking No. 11/18/13 Date of Inspection Beatriclivers Inspector's Name(s) Environmental Enginee Inspector's Title(s) Inspector's Contact Information Inspector's Qualifications Weather Information Weather at time of this inspection? ☐ Clear ☐ Cloudy ☐ Rain ☐ Fog ☐ High Winds ☐ Other: Temperature: Have any previously unidentified discharges of pollutants occurred since the last inspection? No Yes If yes, describe: Are there any discharges occurring at the time of inspection? If yes, describe: Number the structural stormwater control measures identified in your SWPPP on your site map and list them below Control Measures (add as many control measures as are implemented on-site). Carry a copy of the numbered site map with you during your inspections. This list will ensure that you are inspecting all required control measures at your facility. Describe corrective actions initiated, date completed, and note the person that completed the work in the Corrective Action Log. If No. In Need of **Corrective Action Needed and Notes Control Measure** Maintenance, (identify needed maintenance and repairs, or any is Operating Structural Control Measure Repair, or failed control measures that need replacement) Effectively? Replacement? Quarry Area No. 6 Maintenance Yes Repair Rock Berm a 1 No Replacement Maintenance Yes Repair Rock Berm b 2 No Replacement Maintenance Yes Detention Pond L1 Repair 3 Replacement Maintenance Yes Repair Outfall DP 001 4 No Replacement

	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	(identify n	e Action Needed and Notes needed maintenance and repairs, or any trol measures that need replacement)
Qua	rry Area No. 5				
5	Rock Berm c	Yes No	Maintenance Repair Replacement		
6	Rock Berm d	Yes No	Maintenance Repair Replacement		
7	Rock Berm e	Yes No	Maintenance Repair Replacement		
8	Rock Berm f	Yes No	Maintenance Repair Replacement		
9	Rock Berm g	Yes No	Maintenance Repair Replacement		
10	Detention Pond L2	Yes No	Maintenance Repair Replacement		
11	Detention Pond L3	Yes No	Maintenance Repair Replacement		
12	Detention Pond L4	Yes No	Maintenance Repair Replacement		
13	Outfall DP 002	Yes No	Maintenance Repair Replacement		
	Areas of Industrial Materials Below are some general area			inspections.	
	Area/Activity	Inspected?	Controls Ad (appropria effective, a operating)	te, ind	Corrective Action Needed and Notes
1	Crusher area	Yes No	N/A Yes	☐ No	
2	Dredging disposal area	Yes No	□ N/A ☐ Yes	☐ No	

	Area/Activity	Inspected?	Controls Adequate (appropriate, effective, and operating)?	Corrective Action Needed and Notes
5	Equipment operations	Yes No N/A	Yes No	
		Non-C	ompliance	
Des	cribe any incidents of non-c	compliance observed and not	described above:	
		Additional (Control Measures	
De	scribe any additional contro	ol measures needed to comply	y with the permit require	nents.
			Notes	
Us	e this space for any additio	nal notes or observations from	m the inspection.	
		CERTIFICA	TION STATEMENT	direction or supervision in accordance with a
	"I certify under penalty of law	that this document and all attachm	ents were prepared under my	direction or supervision in accordance with a ation submitted. Based on my inquiry of the
	system designed to assure the	that this document and all attachm at qualified personnel properly gath	ered and evaluated the inform	he information, the information submitted is,
	system designed to assure the	that this document and all attachm at qualified personnel properly gath ge the system, or those persons dire and belief, true, accurate, and cor	ents were prepared under my ered and evaluated the inform otly responsible for gathering t nplete. I am aware that there	direction or supervision in accordance with a ation submitted. Based on my inquiry of the he information, the information submitted is, are significant penalties for submitting false
	system designed to assure the person or persons who manage to the best of my knowledge information, including the pos	that this document and all attachm at qualified personnel properly gath ge the system, or those persons dire and belief, true, accurate, and cor sibility of fine and imprisonment for	ents were prepared under my ered and evaluated the inform ctly responsible for gathering t nplete. I am aware that there knowing violations."	he information, the information submitted is,
	system designed to assure the person or persons who manage to the best of my knowledge information, including the pos	that this document and all attachm at qualified personnel properly gath ge the system, or those persons dire and belief, true, accurate, and cor	nents were prepared under my ered and evaluated the inform on the information of the info	he information, the information submitted is, are significant penalties for submitting false
	system designed to assure the person or persons who manage to the best of my knowledge information, including the pos	that this document and all attachm at qualified personnel properly gath ge the system, or those persons dire and belief, true, accurate, and cor sibility of fine and imprisonment for	nents were prepared under my ered and evaluated the inform on the information of the info	he information, the information submitted is,

	Stormwate		eral Information	y mspect	топ керс	or t
Fac	ility Name		JAN – ITALCEMEN	ITI GROLIP		
	DES Tracking No.	PRR05B189				
	e of Inspection	12/13/13	Start/En	d Time	1:10	1 150
Ins	pector's Name(s)					. 100
Ins	pector's Title(s)	Environn	Rivers nental Enginer	,		
	pector's Contact ormation		<i>y</i>			
Ins	pector's Qualifications					
		Wea	ther Information			
Ter	ather at time of this insponder Cloudy Rainperature: ye any previously unident	n □ Fog □ I			the last in	smostion?
	No Yes If yes, des		or pollutants occi	arred since	the last in	spection?
If y	e there any discharges occues, describe: Control Measures Number the structural story (add as many control measy your inspections. This list v	mwater control measures as are implementally ensure that you a	sures identified in you nted on-site). Carry a tre inspecting all requ	copy of the n	numbered sit measures at y	e map with you during your facility.
	 Describe corrective actions Action Log. 	initiated, date comp	leted, and note the p	erson that co	mpleted the	work in the Corrective
	Structural Control Measure	Control Measure is Operating Effectively?	ting Maintenance,		eded mainte	ed and Notes enance and repairs, or any that need replacement)
Qua	rry Area No. 6			Ţ		
1	Rock Berm a	Yes No	Maintenance Repair Replacement			
2	Rock Berm b	Yes No	Maintenance Repair Replacement			
3	Detention Pond L1	Yes No	Maintenance Repair Replacement			
4	Outfall DP 001	Yes No	Maintenance Repair Replacement			

	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	(identify n	e Action Needed and Notes needed maintenance and repairs, or any trol measures that need replacement)
Qua	rry Area No. 5		TET		
5	Rock Berm c	Yes No	Maintenance Repair Replacement		
6	Rock Berm d	Yes No	Maintenance Repair Replacement		
7	Rock Berm e	Yes No	Maintenance Repair Replacement		
8	Rock Berm f	Yes No	Maintenance Repair Replacement		
9	Rock Berm g	Yes No	Maintenance Repair Replacement		
10	Detention Pond L2	Yes No	Maintenance Repair Replacement		
11	Detention Pond L3	Yes No	Maintenance Repair Replacement		
12	Detention Pond L4	Yes No	Maintenance Repair Replacement		
13	Outfall DP 002	Yes No	Maintenance Repair Replacement		
	Areas of Industrial Materials Below are some general area			inspections.	
	Area/Activity	Inspected?	Controls Ac (appropriat effective, a operating)	e, nd	Corrective Action Needed and Notes
1	Crusher area	Yes No	N/A Yes	☐ No	
2	Dredging disposal area	Yes No	N/A Yes	☐ No	

	Area/Activity	Inspected?	Controls Adequate (appropriate, effective, and operating)?	Corrective Action Needed and Notes
5	Equipment operations	Yes No 1	N/A Yes No	
			on-Compliance	
Des	cribe any incidents of non-c	compliance observed and	I not described above:	
		Addition	nal Control Measures	
			Notes	
Use	this space for any addition	al notes or observations	from the inspection:	
		CERTIF	ICATION STATEMENT	
	system designed to assure that person or persons who manage to the best of my knowledge a information, including the possil	hat this document and all atta qualified personnel properly g the system, or those persons and belief, true, accurate, and bility of fine and imprisonment	chments were prepared under my c gathered and evaluated the informa directly responsible for gathering th complete. I am aware that there a	direction or supervision in accordance with a action submitted. Based on my inquiry of the se information, the information submitted is, are significant penalties for submitting false
	Print name and tie	2 A/		12/12/13
	Signature:	- Jane	1	Date: 12/13/13



NPDES	Permit Tracking No.:	



United States Environmental Protection Agency
Washington, DC 20460

Annual Reporting Form
A. GENERAL INFORMATION
1. Facility Name: ESSYOC San Juquilli
2. NPDES Permit Tracking No.: P2R05BJY5
3. Facility Physical Address:
a. Street: Barrio Espinosa road 2 Km2651
b. City: Dorado
4. Lead Inspectors Name. Beatriz Riverd Title: Envisonmental Engineer
Additional Inspectors Name(s):
5. Contact Person: Title: Title:
Phone: 787 - 647 - 154 Ext E-mail:
6. Inspection Date: 09 / 16 / 26 1B
B. GENERAL INSPECTION FINDINGS
1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to stormwater? YES ☐ NO If NO, describe why not.
NOTE: Complete Section C of this form for each industrial activity area inspected and included in your SWPPP or as newly identified in B.2 or B.3 below where pollutants may be exposed to stormwater.
2. Did this inspection identify any stormwater or non-stormwater outfalls not previously identified in your SWPPP? YES NO
If YES, for each location, describe the sources of those stormwater and non-stormwater discharges and any associated control measures in place:

NPDES Permit Tracking No.:
3. Did this inspection identify any sources of stormwater or non-stormwater discharges not previously identified in your SWPPP? TYES AND
If YES, describe these sources of stormwater or non-stormwater pollutants expected to be present in these discharges, and any control measures in place:
4. Did you review stormwater monitoring data as part of this inspection to identify potential pollutant hot spots? ZYES NO NA, no monitoring performed If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review. (Claboratory Banch mark pH and TSS data were under normal conditions. (Discharge Visual Inspectionsheet - all data shows no evidences of material (limestone) arriving to discharge point poor/from (3) Storwales Inspection
5. Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and around outfalls, including flow dissipation measures to prevent scouring: None 6. Have you taken or do you plan to take any corrective actions, as specified in Part 3 of the permit, since your last annual report submission (or since you received authorization to discharge under this permit if this is your first annual report), including any corrective actions identified as a result of this annual comprehensive site igspection?
If YES, how many conditions requiring review for correction action as specified in Parts 3.1 and 3.2 were addressed by these corrective actions?

NOTE: Complete the attached Corrective Action Form (Section D) for each condition identified, including any conditions identified as a result of this comprehensive stormwater inspection.

NPDES	Permit	Tracking	No.:

C. INDUSTRIAL ACTIVITY AREA SPECIFIC FINDINGS				
Complete one block for each industrial activity area where pollutants may be exposed to stormwater. Copy this page for additional industrial activity areas.				
eviewing each area, you should consider: Industrial materials, residue, or trash that may have or could come into contact with stormwater; Leaks or spills from industrial equipment, drums, tanks, and other containers; Offsite tracking of industrial or waste materials from areas of no exposure to exposed areas; and Tracking or blowing of raw, final, or waste materials from areas of no exposure to exposed areas.				
INDUSTRIAL ACTIVITY AREA 55_:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
1. Brief Description: Quarry Area has slucitud bern. Three	detent	ion ponds and one outfall.		
Are any control measures in need of maintenance or repair?	□YES ,	⊿ no		
3. Have any control measures failed and require replacement?	☐ YES	Z NO		
4. Are any additional/revised control measures necessary in this area?	☐ YES	ZNO		
If YES to any of these three questions, provide a description of the problem: Corrective Action Form)	(Any necess	ary corrective actions should be described on the attached		
INDUSTRIAL ACTIVITY AREA _ [3]				
1. Brief Description: Area has rock berm, one detent	tion p	and one outfall		
Are any control measures in need of maintenance or repair?	□ YES	Ŋ NO		
Have any control measures failed and require replacement?	2000	NO NO		
4. Are any additional/revised c necessary in this area?	100000 100000	ONIZ		
If YES to any of these three questions, provide a description of the problem: Corrective Action Form)				
INDUSTRIAL ACTIVITY AREA:				
Brief Description:				
2. Are any control measures in need of maintenance or repair?	☐ YES	□NO		
3. Have any control measures failed and require replacement?	☐ YES	□NO		
4. Are any additional/revised BMPs necessary in this area?	☐ YES	□NO		
If YES to any of these three questions, provide a description of the problem: Corrective Action Form)	(Any necess	ary corrective actions should be described on the attached		

E. ANNUAL REPORT CERTIFICATION
1. Compliance Certification
Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit?
If NO, summarize why you are not in compliance with the permit:
2. Annual Report Certification
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.
Authorized Representative Printed Name: Beatriz Rivera Title: Environmental Engil
Signature: Date Signed: 0 1 1 1 13
11019

NPDES Permit Tracking No.

Complete a separate form for each outfall you assess) Complete a separate form for each outfall you assess) Courted IID (mark only one):	MSGP Quarterly Visual Assessment or Benchman	rk Monitoring Sampling Form
Outfall ID (mark only one): DP001 X DP002 Event Date: 10 213 Person(s) collecting sample (Name/Title): Both 12 Privace I Court to mendal Engineer Person(s) examining sample (Name/Title): (() Rain event start time: 10:30 Time Sample Collected: (0:45 Time Sample Examined: 10:50 Rain event end filme: 12:32 Time Sample Collected: (0:45 Time Sample Examined: 10:50 Rain event end filme: 12:32 Rain end		l you assess)
Person(s) examining sample (Name/Title):		
Person(s) examining sample (Name(Title): /		
Rain event start time:	Person(s) collecting sample (Name/Title): Bea friz Rivera	1 Environmental Engineer
Total rainfall (inches) in this event:	Person(s) examining sample (Name/Title):	
Previous Storm Ended > 72 hours Before Start of This Storm?	Rain event start time: 10:30 Time Sample Collected: 10:25 Rain event end time: 12:38 Total rainfall (inches) in this event: 0.09 Time since previous measurable stor	m event (in days):
Color None Other (describe): Odor None Musty Sewage Sulfur Sour Petroleum/Gas Solvents Clarity Clear Slightly Cloudy Cloudy Opaque Other (describe): Clarity Clear Slightly Cloudy Cloudy Opaque Other (describe): Floating Solids No Yes (describe): Settled Solids** No Yes (describe): Suspended Solids No Yes (describe): Clarity Shake sample) No Yes (describe): Clarity Shake sample) No Yes (describe): Clarity Shake sample) No Yes (describe): Oil Sheen No Yes (describe): Other Obvious Indicators of Stormwater Pollution *The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period. *Tobserve for settled solids after allowing the sample to sit for approximately 30 minutes. Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary). Certification by Facility Responsible Official (Refer to MSGP Subpart 11 Appendix B for Signatory Requirements) I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowling violatiors.		
Color None Other (describe): Odor None Musty Sewage Sulfur Sour Petroleum/Gas Solvents Clarity Clear Slightly Cloudy Cloudy Opaque Other (describe): Clarity Clear Slightly Cloudy Cloudy Opaque Other (describe): Floating Solids No Yes (describe): Settled Solids** No Yes (describe): Suspended Solids No Yes (describe): Clarity Shake sample) No Yes (describe): Clarity Shake sample) No Yes (describe): Clarity Shake sample) No Yes (describe): Oil Sheen No Yes (describe): Other Obvious Indicators of Stormwater Pollution *The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period. *Tobserve for settled solids after allowing the sample to sit for approximately 30 minutes. Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary). Certification by Facility Responsible Official (Refer to MSGP Subpart 11 Appendix B for Signatory Requirements) I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowling violatiors.		
Color None Other (describe):		
Clarity S Clear Slightly Cloudy Cloudy Opaque Other (describe): Settled Solids No Yes (describe): Settled Solids No Yes (describe): Suspended Solids No Yes (describe): Oil Sheen None Flecks Globs Sheen Slick Other (describe): Other Obvious Indicators No Yes (describe): Other (des		
Clarity M Clear Slightly Cloudy Cloudy Opaque Other (describe): Floating Solids No Yes (describe): Settled Solids** No Yes (describe): Suspended Solids No Yes (describe): Suspended Solids No Yes (describe): Foam (gently shake sample) No Yes (describe): Oil Sheen No Yes (describe): Other Obvious Indicators of Stormwater Pollution * The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period. * Observe for settled solids after allowing the sample to sit for approximately 30 minutes. Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).	Other (describe):	
Floating Solids No Yes (describe): Settled Solids** No Yes (describe): Suspended Solids No Yes (describe): Foam (gently shake sample) No Yes (describe): Oil Sheen None Flecks Globs Sheen Slick Other (describe): Other Obvious Indicators of Stormwater Pollution * The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period. ** Observe for settled solids after allowing the sample to sit for approximately 30 minutes. Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary). Certification by Facility Responsible Official (Refer to MSGP Subpart 11 Appendix B for Signatory Requirements) Locatify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Clarity 🖺 Clear 🗌 Slightly Cloudy 🔲 Cloudy 🔲 Opaque 🔲 Other (des	scribe):
Settled Solids No Yes (describe): Suspended Solids No Yes (describe): Foam (gently shake sample) No Yes (describe): Oil Sheen None Flecks Globs Sheen Slick Other (describe): Other Obvious Indicators of Stormwater Pollution * The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period. ** Observe for settled solids after allowing the sample to sit for approximately 30 minutes. Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary). Certification by Facility Responsible Official (Refer to MSGP Subpart 11 Appendix B for Signatory Requirements) Leafly under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Floating Solids No Yes (describe):	
Suspended Solids No Yes (describe): Foam (gently shake sample) No Yes (describe): Oil Sheen None Flecks Globs Sheen Slick Other (describe): Other Obvious Indicators of Stormwater Pollution * The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period. ** Observe for settled solids after allowing the sample to sit for approximately 30 minutes. Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary). Certification by Facility Responsible Official (Refer to MSGP Subpart 11 Appendix B for Signatory Requirements) I certify under penalty of faw that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Settled Solids** No Yes (describe):	
Foam (gently shake sample) No Yes (describe): Oil Sheen Rone Flecks Globs Sheen Slick Other (describe): Other Obvious Indicators of Stormwater Pollution * The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period. ** Observe for settled solids after allowing the sample to sit for approximately 30 minutes. Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary). Certification by Facility Responsible Official (Refer to MSGP Subpart 11 Appendix B for Signatory Requirements) I certify under penalty of [aw that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Suspended Solids No Yes (describe):	
Other Obvious Indicators of Stormwater Pollution * The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period. ** Observe for settled solids after allowing the sample to sit for approximately 30 minutes. Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary). Certification by Facility Responsible Official (Refer to MSGP Subpart 11 Appendix B for Signatory Requirements) I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Foam (gently shake sample) No Yes (describe):	
* The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period. *** Observe for settled solids after allowing the sample to sit for approximately 30 minutes. Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary). Certification by Facility Responsible Official (Refer to MSGP Subpart 11 Appendix B for Signatory Requirements) I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Oil Sheen Alone Flecks Globs Sheen Slick Other (descri	be):
that less than a 72-hour interval is representative of local storm events during the sampling period. *** Observe for settled solids after allowing the sample to sit for approximately 30 minutes. Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary). Certification by Facility Responsible Official (Refer to MSGP Subpart 11 Appendix B for Signatory Requirements) I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Other Obvious Indicators	<u>.</u>
that less than a 72-hour interval is representative of local storm events during the sampling period. *** Observe for settled solids after allowing the sample to sit for approximately 30 minutes. Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary). Certification by Facility Responsible Official (Refer to MSGP Subpart 11 Appendix B for Signatory Requirements) I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		
** Observe for settled solids after allowing the sample to sit for approximately 30 minutes. Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary). Certification by Facility Responsible Official (Refer to MSGP Subpart 11 Appendix B for Signatory Requirements) I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	The 72-hour interval can be waived when the previous storm did not yield a measurable discharge that less than a 72-hour interval is representative of local storm events during the sampling period.	or if you are able to document (attach applicable documentation)
Certification by Facility Responsible Official (Refer to MSGP Subpart 11 Appendix B for Signatory Requirements) I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Detail any concerns, additional comments, descriptions of pictures taken, and any as necessary).	corrective actions taken below (attach additional sheets
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		
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I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		
that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		
A. Name: Beatriz Rivera B. Title: Environmental Engineer C. Signature: Figure Signed: 10/2/13	that qualified personnel properly gathered and evaluated the information submitted. Based on my in persons directly responsible for gathering the information, the information submitted is, to the best of	rquiry of the person or persons who manage the system, or those of my knowledge and belief, true, accurate, and complete. Lam
C. Signature: D. Date Signed: 10/2/13	A. Name: Beatriz Rivera B. Tit	le: <u>EnvironmentallEngineer</u>
	C. Signature: D. Da	nte d: 10/2/3

MSGP Quarterly Visual Assessment or Benchmark Monitoring Sampling Form
(Complete a separate form for each outfall you assess)
Name of Facility: Essroc San Juan Cement NPDES Tracking No.: PRR05B189
Outfall ID (mark only one): PP001 DP002 Event Date: 10/2/13
Person(s) collecting sample (Name/Title): Beatiz Rivers 1 Environmental Engineer
Person(s) examining sample (Name/Title):
Rain event start time: 10:30 Time Sample Collected: 10:35 Time Sample Examined: 10:50
Total rainfall (inches) in this event: Time since previous measurable storm event (in days):
Previous Storm Ended > 72 hours Before Start of This Storm? Yes No* (explain):
Substitute Sample? No
Parameters
Color None Other (describe):
Odor None Musty Sewage Sulfur Sour Petroleum/Gas Solvents Other (describe):
Clarity Clear Slightly Cloudy Cloudy Opaque Other (describe):
Floating Solids Yes (describe):
Settled Solids**
Suspended Solids Yes (describe):
Foam (gently shake sample) No Yes (describe):
Oil Sheen → None ☐ Flecks ☐ Globs ☐ Sheen ☐ Slick ☐ Other (describe):
Other Obvious Indicators No Yes (describe):
- Communication - Control of the Con
* The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period. ** Observe for settled solids after allowing the sample to sit for approximately 30 minutes.
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).
Certification by Facility Responsible Official (Refer to MSGP Subpart 11 Appendix B for Signatory Requirements)
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.
A. Name: Beatriz livers B. Title: Environmental Enginieer
A. Name: Beatriz Liners B. Title: Environmental Enginieer C. Signature: Rah L D. Date Signed: 10/2/13

MSGP Quarterly Visual Assessment or Benchmark Monitoring Sampling Form											
(Complete a separate form for each outfall you assess)											
Name of Facility: Essroc San Juan Cement NPDES Tracking No.: PRR05B189											
Outfall ID (mark only one): X DP001 DP002 Event Date: 1 / 18//3											
Person(s) collecting sample (Name/Title): Beatriz Rivera 1 Env Eng:											
Person(s) examining sample (Name/Title): Beatriz Rivera 1											
Rain event start time: 43 S And Time Sample Collected: 11:30 Time Sample Examined: 12:10											
Total rainfall (inches) in this event: Time since previous measurable storm event (in days):											
Previous Storm Ended > 72 hours Before Start of This Storm? Yes No* (explain):											
Substitute Sample? No Yes (identify quarter/year when sample was originally schedule to be collected)											
Parameters											
Color None Other (describe):											
Odor											
Clarity Clear Slightly Cloudy Cloudy Opaque Other (describe):											
Floating Solids No Yes (describe):											
Settled Solids** No Settled Solids** No Settled Solids**											
Suspended Solids No Yes (describe):											
Foam (gently shake sample) No Yes (describe):											
Oil Sheen											
Other Obvious Indicators No Yes (describe):											
* The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period.											
** Observe for settled solids after allowing the sample to sit for approximately 30 minutes.											
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).											
Contification by English Demonstrate Official /Defeats MCCD C. 1. 144 to 11. D. C. 1											
Certification by Facility Responsible Official (Refer to MSGP Subpart 11 Appendix B for Signatory Requirements) I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure											
that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.											
A. Name: Beatrizfiver B. Title: Env. Engineer											
C. Signature: Frank 1 D. Date Signed: 11/18/13											

MSGP Quarterly Visual Assessment or Benchmark Monitoring Sampling Form
(Complete a separate form for each outfall you assess)
Name of Facility: Essroc San Juan Cement NPDES Tracking No.: PRR05B189
Outfall ID (mark only one): DP001 DP002 Event Date: // 8 // 3
Person(s) collecting sample (Name/Title): Beatriz Rivera 1 Env Engi
Person(s) examining sample (Name/Title): Beatriz Rivers I
Rain event start time: 4.35 Am Time Sample Collected: 11.39 Time Sample Examined: 12.510
Total rainfall (inches) in this event: Time since previous measurable storm event (in days):
Previous Storm Ended > 72 hours Before Start of This Storm? Yes No* (explain):
Substitute Sample? No Yes (identify quarter/year when sample was originally schedule to be collected)
Parameters
Color None Other (describe):
Odor None Musty Sewage Sulfur Sour Petroleum/Gas Solvents Other (describe):
Clarity Clear Slightly Cloudy Cloudy Opaque Other (describe):
Floating Solids
Settled Solids**
Suspended Solids No Yes (describe):
Foam (gently shake sample) No Yes (describe):
Oil Sheen None Flecks Globs Sheen Slick Other (describe):
Other Obvious Indicators No Yes (describe): of Stormwater Pollution
* The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation)
that less than a 72-hour interval is representative of local storm events during the sampling period.
** Observe for settled solids after allowing the sample to sit for approximately 30 minutes.
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).
Certification by Facility Responsible Official (Refer to MSGP Subpart 11 Appendix B for Signatory Requirements)
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.
A. Name: Beatriz Rivera B. Title: Eur Engineer
A. Name: Beatriz Rivera B. Title: Eur Engineer C. Signature: Poly B. Signed: 1/18/B

MSGP Quarterly Visual Assessment or Benchmark Monitoring Sampling Form											
(Complete a separate form for each outfall you assess)											
Name of Facility: Essroc San Juan Cement NPDES Tracking No.: PRR05B189 Outfall ID (mark only one): DP001											
Outrain to (mark only one)											
Person(s) collecting sample (Name/Title): Boatriz Rivera 1 Env Engineer											
Person(s) examining sample (Name/Title):/											
Rain event start time: 930 And Time Sample Collected: 1210 Time Sample Examined: 1230											
Total rainfall (inches) in this event: Time since previous measurable storm event (in days):											
Previous Storm Ended > 72 hours Before Start of This Storm? Yes No* (explain):											
Substitute Sample? Yes (identify quarter/year when sample was originally schedule to be collected)											
Parameters											
Color None Other (describe):											
Odor None Musty Sewage Sulfur Sour Petroleum/Gas Solvents Other (describe):											
Clarity Clear Slightly Cloudy Cloudy Opaque Other (describe):											
Floating Solids No Yes (describe):											
Settled Solids**											
Suspended Solids											
Foam (gently shake sample) No Yes (describe):											
Oil Sheen None Flecks Globs Sheen Slick Other (describe):											
Other Obvious Indicators No Yes (describe): of Stormwater Pollution											
* The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period.											
** Observe for settled solids after allowing the sample to sit for approximately 30 minutes.											
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheet as necessary).											
Certification by Facility Responsible Official (Refer to MSGP Subpart 11 Appendix B for Signatory Requirements)											
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.											
A. Name: Beatriz livera B. Title: Env. Ensineer											
A. Name: Beatrickivers B. Title: Env. Ensineer C. Signature: English B. Title: Env. Ensineer D. Date Signed: 12/3/13											

MSGP Quarterly Visual Assessment or Benchmark Monitoring Sampling Form												
(Complete a separate form for each outfall you assess)												
Name of Facility: Essroc San Juan Cement NPDES Tracking No.: PRR05B189												
Outfall ID (mark only one): X DP001 DP002 Event Date:												
Person(s) collecting sample (Name/Title): Beatriz livera 1 Env. Engineer												
Person(s) examining sample (Name/Title):/												
Rain event start time: 930 km Time Sample Collected: 12:00 Time Sample Examined: 1230												
Total rainfall (inches) in this event: Time since previous measurable storm event (in days):												
Previous Storm Ended > 72 hours Before Start of This Storm? Yes No* (explain):												
Substitute Sample? No Yes (identify quarter/year when sample was originally schedule to be collected)												
Parameters												
Color None Other (describe):												
Odor None Musty Sewage Sulfur Sour Petroleum/Gas Solvents Other (describe):												
Clarity Clear Slightly Cloudy Cloudy Opaque Other (describe):												
Floating Solids No Yes (describe):												
Settled Solids**												
Suspended Solids No Yes (describe):												
Foam (gently shake sample)												
Oil Sheen None Flecks Globs Sheen Slick Other (describe):												
Other Obvious Indicators No Yes (describe): of Stormwater Pollution												
* The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period. ** Observe for settled solids after allowing the sample to sit for approximately 30 minutes.												
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).												
Cortification by Encility Posponsible Official (Pofor to MSCR Subpart 14 Appendix P for Signature Possicoments)												
Certification by Facility Responsible Official (Refer to MSGP Subpart 11 Appendix B for Signatory Requirements) I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.												
A. Name: Beatriz Rivera B. Title: Environmental Exincer												
C. Signature: D. Date Signed: 12/3/13												







Beatriz Rivera Essroc San Juan, Inc. P.O. Box 366698 San Juan, PR 00936-6698

LABORATORY REPORT

Project ID

: 131002N007

Customer ID

: 353

Project Description

: MSGP

Permit Number: PR0001163

Sample(s) Submitted By

: Essroc San Juan, Inc.

Date Received

: 10/2/2013

Sampled By

: Sanco Laboratories, Inc.

Date Collected

: 10/2/2013

Sample(s) Log Number

: 131002N007 to 131002N008

Log Number	Description	Parameter	Sample Type	Method	Units	Limit	Result	Date Analyzed	Analyst
131002N007	P-001	pH TSS	G G	SM 4500-H ⁺ B SM 2540 D	Std. Units mg/L		7.25 <5.0	10/2/2013 10/8/2013	ga rvc
131002N008	P-002	pH TSS	G G	SM 4500-H ⁺ B SM 2540 D	Std. Units		7.52 <5.0	10/2/2013 10/8/2013	ga rvc

Revised by:

Laboratory Supervisor

Lic. Heriberto
Batiz Hernández
Lic. # 568

Ob. 1469663

Released by:

Heriberto Batiz, Ph.

80.

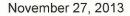
58. PCB's 64. TCL

17. NonPolar M. 34. O&G

(A) ab	oratori	ies In	C		011	AINL	- -	0116	TOD		0500						0107	
Quality	and Reliabilit	ty Since 19	75		CH	AIN (JF (LUS	טטוי	Y	RECC	IKD		Turnaround	l time:	Regula	r 10 days	
	William X														arges Apply			
Client:	6 -		Clien			Sampler's		/	01	//		Que	ote No.:	: Please provide prior notification. Date Required. Project ID:				
ESSTOC	; Jan	Juan		35	53		150		Will	ar	1							
Project Name: PR 000	1163					Sampler's Signature:						Prese 1 - H ₂ SO ₄	ervatives: 9 - Asc. Acid	Comments:				
Site Location:						Contact Pe	erson:	1	7			2 - HNO ₃	10 - None					
	orado					Bea	tvi.	21	liver	a		3 - NaOH	11 -					
Regulatory Agency:	☐ EQB	PRAS	SA [DRNA	Split Samp	le:		Yes [No	4 - ZnOAc	12-	Container 7	Гуре:	e. 500mL Plas	tic j. 40mL VOA Vial	
EPA O RCRA	A O UST	₩ NPD	ES		OTHER	Comp	osite Sta	art	Com	posite	End	(5)Cool	13 -	a. 1L AMB (Glass (G)	f. 250mL AME	(G) k. 8 oz jar (G)	
Sample Class.:	Compliance	Repe	eat [Special	-				_				b. 1L Clear	Glass	@250mL Plas	tic I. 4 oz jar (G)	
Sample Type: Gr	ab (G)	Composite	(C)			Field Analys			2) —	7.5	52	6 - HCl	14-	c. 1L Plasti	c (P)	h. 125mL Plas	tic m. 2 oz jar (G)	
Matrix: Liquid (1)	Solid (S)	Gas(G)	Slude	ge(Sd	1)	pH 7.2	5 _SI	J Te	emp	_	_°C	7 - Na ₂ S ₂ O ₃		d. 500mL A	MB (G)	i. 120mL P Ste	rile n.	
Remarks:						RC	m	ng/L	DO		_ mg/L	8. Filter Red	quired					
			be											Analy	sis Identifi	ication Numb	ers	
Sample Number	Sample Des	cription	e Ty	Matrix	Collec	ction	Conta	ainers	Preserv.		Analysis	ID						
		m , = -	Sample Type	Ma									Al As Ag	д В Ва	Be Ca	Cd Co	Cr Cu Fe Hg Li	
			Š		Date	Time	No.	Type					K Mg Mr	Mo N	a Ni F	Pb Sn Sb	Se TI V Zn	
131002 NO07	MSG (#	CLANS	G	L	10/2/13	10:15	i	9	5	18	3		1. Phenol	(8) TSS	35. Odor	42. BOD	65. PP 67. VOC's	
131002 1000 /	11090	1001)			101	1-3	•	7		-				19. TDS	36. Taste	42. BOD 43. COD	66. TTO 68. SVOC's	
					10/2/13		,						3. T. Phosphorus		37. TOC	44. Metals	T.Coli	
		X			101									21. VSS			69. SM9221B MTF	
131002 Noo8	MSG(P	002)	G	L	10/2/13	10:25	1	a	5	18)		5. Carbonate	22. TS	39. Fluoride	46. Iodide	70. SM9223	
131002 10008	110 101	000)			7.0			9		, ,				23. MBAS	40. Cr +3	47. Cyanide	E. Coli	
													7. Alkalinity	24. Nitrate	41. Cr +6	48. Assay	71. SM9223 OP/A OQT	
													8. Sulfate	25. Nitrite	49. RCI		HPC 72. SM9215B	
													9. Sulfide	26. NO ₂ NO ₃	50. TCLP Met	tals	F.Coli 73. SM9221E MTF	
													10. Hardness	27. Silica	51. TCLP VOC		Misc.	
													11. Color ADMI	28. pH	52. TCLP SVO	С	74. Viscosity	
Relinquised by:	m 11 -	_			Date: 10	12/201	3	Time:	11:30		Laborator	y Use Only	12. Color PtCO	29. Temp.	53. Full RCRA	59. Charact.	75. R. Acetaldehyde	
Received by:	Trave Entle	45	X I		Date: 101			Time:	11:30		Arrival Temp.	4.6 00	13. Turbidity	30. RC	54. TPH GRO	60. Pesticides	76.	
		low			Date: 10/			Time:	12:38		Arrival Condi		14. Conductivity	31. DO	55. TPH DRO	61. Herbicides	77.	
Received by:	0 0 1	V/V			Date: 10					⊙ Go od	O Poor	15. Ammonia	32. TKN	56. TPH TRO	62. BTEX	78.		
Relinquised by: Date: May					Date: Mivi	/ DO / YYYY Time: Notes:					Notes:		16. T. Nitrogen	33. Flash Pt.	57. TPH ORO	63. TAL	79.	

Time:

Date: MM / DD / YYYY





Beatriz Rivera Essroc San Juan, Inc. P.O. Box 366698 San Juan, PR 00936-6698

LABORATORY REPORT

Project ID

: 131118N003

Project Description

: MSGP

Permit Number: PR0001163

Sample(s) Submitted By

: Essroc San Juan, Inc.

Date Received

Customer ID

: 11/18/2013

: 353

Sampled By

: Sanco Laboratories, Inc.

Date Collected

: 11/18/2013

Sample(s) Log Number

: 131118N003 to 131118N004

Log Number	Description	Parameter	Sample Type	Method	Units	Limit	Result	Date Analyzed	Analyst
131118N003	P-001	pH TSS	G G	SM 4500-H ⁺ B SM 2540 D	Std. Units mg/L		8.00 40	11/18/2013 11/22/2013	ga rvc
131118N004	P-002	pH TSS	G G	SM 4500-H ⁺ B SM 2540 D	Std. Units		7.60 7.0	11/18/2013 11/22/2013	ga rvc

Revised by:

Laboratory Supervisor

Released by:

Heriberto Batíz, Ph.D.

Technical Director

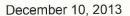


Turnaround time:



CHAIN OF CUSTODY RECORD

													Rush Sure	harges Appl		idi 10 days	
Client:	1 T	Clie	ent ID	:	Sampler's	Name	2: /	7 1			Qu	ote No.:	Ple	ase provide		on. Date Required.	
CSSroc	Sandvan		35	53	G.	150	m G	wille	an				Project ID	:			
Project Name:	001163				Sampler's		ture:	Lella.	-		Pres 1 - H ₂ SO ₄	Preservatives: POOI (PLI) - 8.00					
Site Location:	Dorado				Contact P			Rive	en	2	2 - HNO ₃ 3 - NaOH	10 - None 11 -	P-00	P-002(P4)-7.60			
Regulatory Agency:	☐ EQB ☐ PR	ASA		DRNA	Split Sam				1	The second secon			Container	Type:	e. 500mL Pla	stic j. 40mL VOA Vial	
EPA O RCR		DES		OTHER	Com	posite S	tart			te End	4 - ZnOAc	12-	a. 1L AMB	Glass (G)	f. 250mL AIV		
Sample Class.:	Compliance Re	peat		Special	-			_			(5-)Cool	13 -	b. 1L Clear	37.5	g. 250mL Pla		
	rab (G) Composit			opeo.a.	Field Analy	sis:					6 - HCl	14-	c. 1L Plast		h. 125mL Pla		
Matrix: Liquid (1)	Solid (S) Gas(G)	Sluc	dge(So	d)	рН		SU T	emp	-	°C	7 - Na ₂ S ₂ O	3	d. 500mL A	AMB (G)	i. 120mL P St		
Remarks:					RC "		mg/L	DO	- Annual Printers	mg/L	8. Filter Re	quired					
		J e	T			T					o. Titter Ne	quired	Anal	vsis Idontif	ication Num	2015	
Sample Number	Sample Description	Sample Type	Matrix	Colle	ection	Con	tainers	Preserv.		Analysis	ID		Allai	ysis identii	ication Num	Jeis	
m Ma										Al As A	g B Ba	a Be Ca	a Cd Co	Cr Cu Fe Hg Li			
			_	Date	Time	No.	Туре					K Mg M	n Mo N	la Ni	Pb Sn Sb	Se TI V Zn	
Fool De co	MSGP(P-COI))G	1	1/3/13	10:40	1		5	10	0							
131118 NOOS	17291 (1-001)		-	1913	10.40		h	7	19	0		1. Phenol	18) TSS	35. Odor	42. BOD	65. PP 67. VOC's	
												2. Phenols (GC)	19. TDS	36. Taste	43. COD	66. TTO 68. SVOC's	
												3. T. Phosphorus	20. SS	37. TOC	44. Metals	T.Coli	
17 weed Janu	MSGP(P-002	NG	1	4/13/13	10:52	1	1	5	10	2		4. o-phosphate	21. VSS	38. Chloride	45. Bromide	69. SM9221B MTF	
131118 10004	11367 (7-002		1	1.0/13	75.01	1	h	2	18			5. Carbonate	22. TS	39. Fluoride	46. lodide	70. SM9223 O P/A O QT	
?												6. Bicarbonate	23. MBAS	40. Cr +3	47. Cyanide	E. Coli	
												7. Alkalinity	24. Nitrate	41. Cr +6	48. Assay	71. SM9223 O P/A OQT	
												8. Sulfate	25. Nitrite	49. RCI		HPC 72. SM9215B	
												9. Sulfide	26. NO ₂ NO ₃	50. TCLP Met	als	F.Coli 73. SM9221E MTF	
												10. Hardness	27. Silica	51. TCLP VOC		Misc.	
	1											11. Color ADMI	28. pH	52. TCLP SVO	С	74. Viscosity	
Relinquised by: Date: 11				Date: //	/18/	13		12:00		Laboratory		12. Color PtCO	29. Temp.	53. Full RCRA	59. Charact.	75. R. Acetaldehyde	
Received by: Date: 11			/18/1	3	Time:	200		Arrival Temp.:	1.3 °c	13. Turbidity	30. RC	54. TPH GRO	60. Pesticides	76.			
Relinquised by: Allow Culling Date: 11			13/1:	3	Time:	Time: /3:20			ons:	14. Conductivity	31. DO	55. TPH DRO	61. Herbicides	77.			
Received by: Courd	L Wit			Date: 1//	/18/13 Time: 13:30				Ø Good	O Poor	15. Ammonia	32. TKN	56. TPH TRO	62. BTEX	78.		
Relinquised by:				Date:	/ DO / YYY	Y	Time:			Notes:		16. T. Nitrogen	33. Flash Pt.	57. TPH ORO	63. TAL	79.	
Received by:				Date: MAN	/ DD / YVV	Ÿ	Time:					17. NonPolar M.	34. O&G	58. PCB's	64. TCL	80.	





Beatriz Rivera Essroc San Juan, Inc. P.O. Box 366698 San Juan, PR 00936-6698

LABORATORY REPORT

Project ID

: 131203N003

Customer ID

: 353

Project Description

: MSGP

Permit Number: PR0001163

Sample(s) Submitted By

: Essroc San Juan, Inc.

Date Received

: 12/3/2013

Sampled By

: Sanco Laboratories, Inc.

Date Collected

: 12/3/2013

Sample(s) Log Number

: 131203N003 to 131203N004

Log Number	Description	Parameter	Sample Type	Method	Units	Limit	Result	Date Analyzed	Analyst
131203N003	P-001	рН	G	SM 4500-H ⁺ B	Std. Units		7.80	12/3/2013	cg
		TSS	G	SM 2540 D	mg/L	-	7.0	12/6/2013	joi
131203N004	P-002	рН	G	SM 4500-H ⁺ B	Std. Units		7.74	12/3/2013	cg
		TSS	G	SM 2540 D	mg/L		5.0	12/6/2013	joi

Revised by:

Laboratory Supervisor

Released by:

Technical Director

Regular 10 days

Turnaround time:



CHAIN OF CUSTODY RECORD

	and remaining o												Rush Surch	narges Apply	Rush	**
Client:			Clien	t ID:		Sampler's	Name:	_			Qu	ote No.:		ise provide p	rior notificatio	n. Date Required.
Essroe	Var. Tuor		1	35	3	(ami	6	13	mzal	P7			Project ID:			
Project Name:	-					Sampler's			^		Pres	ervatives:	Comments	:		
BR000116	3 MSGC (3-00'	1.	3-1	003	200			(, (1 - H ₂ SO ₄	9 - Asc. Acid				
Site Location:	1	9		_)	Contact Pe	erson:	\bigcirc			2 - HNO ₃	10 - None				
Dorodo						Bear	to-	L K	HETC	2	3 - NaOH	11 -				
Regulatory Agency:	☐ EQB ☐	PRAS	SA		DRNA	Split Samp	le:		Yes [No	4 - ZnOAc	12-	Container '	Туре:	e. 500mL Pla	stic j. 40mL VOA Vial
EPA O RCR		NPD	ES		OTHER	Comp	osite St	art	Com	posite End			a. 1L AMB	Glass (G)	f. 250mL AMI	3 (G) k. 8 oz jar (G)
Sample Class.:	Compliance _	Repe	eat		Special	-	-		- 00	•	(5)Cool	13 -	b. 1L Clear	Glass	g. 250mL Plas	stic I. 4 oz jar (G)
		omposite (Field Analys	is: P	001,	7.80	_	6 - HCI	14-	c. 1L Plasti	c (P)	h. 125mL Pla	stic m. 2 oz jar (G)
Matrix: Liquid (L)		s(G)	Slud	ge(So	d) (2-00	20H 7.1	14 5	U Te	emp	°C	7 - Na ₂ S ₂ O	3	d. 500mL A	MB (G)	i. 120mL P Sto	erile n.
Remarks:						RC		ng/L	DO	mg/L	8. Filter Re	quired				
			be										Analy	ysis Identif	ication Numb	pers
Sample Number	Sample Descripti	ion	e Ty	Matrix	Colle	ction	Cont	ainers	Preserv.	Analys	is ID					
			Sample Type	Ma								Al As A	g B Ba	Be Ca	Cd Co	Cr Cu Fe Hg Li
			Š		Date	Time	No.	Туре				K Mg Mr	n Mo N	a Ni I	Pb Sn Sb	Se TI V Zn
131203 NO03	R-001		G	L	15.3.13	1020	1	1	5	18		1. Phenol	18. TSS	35. Odor	42. BOD	65. PP 67. VOC's
13/203/1003							*			-		2. Phenols (GC)		36. Taste	43. COD	66. TTO 68. SVOC's
131203 NINY	3-005		G	T	13-313	1032	1.	7	5	18		3. T. Phosphorus		37. TOC	44. Metals	T.Coli
10120010001												4. o-phosphate	21. VSS	38. Chloride	45. Bromide	69. SM9221B MTF
												5. Carbonate	22. TS	39. Fluoride	46. lodide	70. SM9223 O P/A O QT
												6. Bicarbonate	23. MBAS	40. Cr +3	47. Cyanide	E. Coli
												7. Alkalinity	24. Nitrate	41. Cr +6	48. Assay	71. SM9223 O P/A OQT
												8. Sulfate	25. Nitrite	49. RCI		HPC 72. SM9215B
												9. Sulfide	26. NO ₂ NO ₃	50. TCLP Met	tals	F.Coli 73. SM9221E MTF
											3	10. Hardness	27. Silica	51. TCLP VO	2	Misc.
												11. Color ADMI	28. pH	52. TCLP SVC	OC	74. Viscosity
Relinquised by	the				Date: /2	103/12	3	Time:	10:44	Laborato	ory Use Only	12. Color PtCO	29. Temp.	53. Full RCRA	59. Charact.	75. R. Acetaldehyde
Received by:	300				Date:	03-	13	Time:	1044		p.: <u>1.7°</u> c	13. Turbidity	30. RC	54. TPH GRO	60. Pesticides	76.
Relinquised by	106		34-22-11-07-1		Date: \2	-03-	13	Time:	1155	Arrival Con	ditions:	14. Conductivity	31. DO	55. TPH DRO	61. Herbicides	77.
Received by:	001				Date: 12	-3-1	3	Time:	2:00	Ø Good	O Poor	15. Ammonia	32. TKN	56. TPH TRO	62. BTEX	78.
Relinquised by:	- 4 74				Date: 1/3/1	/ DE / YE	4	Time:		Notes:		16. T. Nitrogen	33. Flash Pt.	57. TPH ORO	63. TAL	79.
Received by:					Date: MM	/ DD / YYY	4	Time:				17. NonPolar M.	34. O&G	58. PCB's	64. TCL	80.